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AUTHOR Sigmon, Scott B.
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ABSTRACT

This study describes the implications of the Individual Psychology of Alfred Adler and field theory associated with Kurt Lewin in understanding orthopedically disabled children and points out that orthopedically disabled youngsters have a remarkable range of individual differences both in type of disability as well as level of adjustment. Educational and social factors, including the need for ample space and adjustable and/or movable desks, are discussed from the perspective of a school psychologists. A 10-item list of references is appended. (CL)

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The Orthopedically Disabled Child: Psychological Implications With An Individual Basis

Scott B. Sigmon

Irvington, NJ, Public Schools

Irvington Public Schools

c/o Scott B. Sigmon, School Psychologist

Special Services Department

1150 Springfield Avenue

Irvington, NJ 07111

(201) 399-6816

(201) 686-3966

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Abstract

The author believes that the Individual Psychology of Alfred Adler (1870-1937) and "field theory" associated with Kurt Lewin (1890-1947) are most efficacious theoretical positions in understanding orthopedically disabled children as such youngsters have a remarkable range of individual differences both in type of disability as well as level of adjustment. This position paper also deals with educational and social factors regarding the orthopedically disabled youngster from the perspective of a school psychologist.

The Orthopedically Disabled Child:

Psychological Implications With An Individual Basis

The study of psychology has provided much evidence that human personality and behavior are shaped not solely by either hereditary nor environmental influences, but by a combination of the two. Kurt Lewin (1936) further developed this hypothesis with his "theory of topological space" (that has come to be known as "field theory") which states that human behavior is a function of an individual's interaction with the environment. Lewin is of immense help here since he stressed the examination of a person's "life space," as the additional problems orthopedically disabled children will confront literally involve access to places. Once the aspect of personal life space has been considered, then the psychology of such children as individuals can be more cogently explored. This paper seeks to address the influence of orthopedically disabled children's interaction with the environment on their development.

Orthopedically disabled (OD) children are presented with unique adjustment needs. Beyond the importance of parental attitudes, other influential factors are: how the child sees himself/herself among children, his/her own self-evaluation (especially body image), experience deprivation, and a sometimes obsessive fear of further injury to himself/herself. Parental attitudes are critical to the overall adjustment of the OD child. OD children have special problems due to overprotection and dependency in the

home. The more experiences a parent can be taught to provide in the home environment, the more likely the OD child will succeed in school situations (Bradley, 1970). The style of childrearing naturally has great effect on personality development, and independence should be emphasized.

Children with physical disabilities, as a group, tend to have more frequent and more severe psychological problems than others (Meyerson, 1971). This is because they are more frequently placed in novel psychological situations which often impose severely traumatic demands on them - especially when they attempt unrealistic tasks. However, there "is no such thing as a psychology of disability" per se, instead, problems arise "as a result of the reduced mobility associated with their disability" (Livingston, Korn, & McAlees, 1982, p. 735). More precisely, "there appears to be little evidence that a specific [physical] disability is associated with a specific personality" (Diller, 1972, pp. 611-612).

The educational program for OD children should have similar basic educational requirements as those for other children. Schooling for all exceptional children should be based on developing their strengths, rather than simply coping with their weaknesses. Wherever feasible and advantageous to the OD child, school placement should be within regular classes (also known as "mainstreaming"). Educational adaptations that may be necessary are: (1) rest periods during physical education time provided for non-disabled classmates although adaptive physical education or physical therapy might be substituted, (2) ample space and adjustable and/or movable desks, and (3), special transportation, plus special entry and exit considerations, such as (un)loading platforms for buses, and door ramps. OD children may sometimes seem to have limited social

skills but are such limitations imposed by the disability or are they a result of a poorly conceived educational plan for these children?

Individual Psychology

"Organic inferiority" and "compensation" (Adler, 1907/1917) cannot be identified in a general way, as the significance of both factors varies with each individual. Adler's main contribution in this regard was the development of a technique which permits a clarification of the psychological dynamics in each individual case (Dreikurs, 1948). It is beyond the scope of this paper to explain fully Adler's theory, but his later work best explains psychic life seeking its own directions (Adler, 1924/1962).

The personality is not determined by an inferiority, but by the reaction of the individual to the inferiority (Dreikurs, 1948). "Inferiority feelings" are based on a correct or incorrect assumption of one's social inferiority and is primarily determined in early childhood. The "life style" (a term first used in psychological literature by Adler) is developed at a young age through the interpretation children make of the experiences and difficulties which confronted them. A disability - even a severe handicap - is only one, although often an important personality determinant. Not what the child has - in hereditary endowment and environmental experience - but what is done with it is the essential determinant. Ultimately, the individual alone determines what significance the influential forces from within and without have (Dreikurs, 1948).

Criticism has been directed toward Adler's theory largely because of misunderstanding. Inferiority can refer to any objective inadequacy in function or status, but it does not necessarily produce an inferiority feeling. On the

other hand, an inferiority feeling may exist without any objective inferiority.

Adler developed his Individual Psychology in accordance with similar concepts of gestalt psychology. (Lewin's theory is also a form of gestalt psychology.) Only the inferiority feeling can stimulate a compensation on the part of the individual. With regard to actual biological inferiorities and organ deficiencies, there may be physical compensation without any awareness by the individual. The "inferiority complex" implies awareness but does not necessarily lead to any compensation, and is therefore a deadlock for any further development.

It is believed that the following empirical research basically confirms Adler's thesis concerning the inferiority feeling and compensation. Mussen and Newman (1958) designed a study to discover what factors are significantly related to children's general adjustment to physical defects. Basically, they found that adjustment may involve acceptance or recognition of disability. Thus, the well adjusted child - the one who accepts his/her disability - is probably better adjusted insofar as he/she realizes that s/he may need more help from others than do intact children. Hence, he/she will accept and react positively toward his/her dependency rather than suppress it. Others are of similar opinion. Livingston et al. (1982) wrote that "personal adjustment involves...accepting the real limits of a disability without feeling personally devaluated" (p. 735). To assist in adjustment, Meyerson (1971) recommends "The education of the disabled person in specific social skills which will facilitate his acceptance as a person" (p. 34).

Conclusions

Despite recognized uniformities of direct behavioral effects of specific physical defects, there is an impressive range of individual differences in

type and level of adjustment. For instance, with people who have similar physical and/or functional limitations, one may become dependent and despondent while another becomes independent and mature. This last point relates to what Wright (1960) called "reconciling the expectation discrepancy." The intelligence range of the physically disabled is similar to that of the normal population, with limited life experiences accounting for some lower test performance. (This does not necessarily apply, however, to those who have multiple physical impairment.) The education of the OD child should approximate the program for the non-disabled child except for certain obvious physical limitations. Furthermore, the application of Alfred Adler's Individual Psychology is useful in understanding individuals and their responses to disability, especially when applied in conjunction with Lewin's notion of life space. Life style, courage, and social interest are most important factors determining social adjustment of individuals with orthopedic disabilities. Needed is a lessening of prejudice toward, the orthopedically disabled, and an increase in ecological public facilities (such as elevators and ramps) for them, in addition to specific studies geared to their particular needs. Unnecessary are false claims for a group psychology of orthopedically disabled children, despite their similar needs according to particular physical disabilities. Their psychologies are individual.

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Author Note

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